

J VISA STUDENT APPLICATION FOR FORM DS-2019

Instructions

Please read all instructions carefully before completing application

Submitting Your Application

Applications must be submitted with all required support documents:

1. School/College/University transcripts

Official school transcripts, translated into English by a certified English translator

2. English Proficiency scores

[Test of English as a Second Language](#) (TOEFL) score minimums:

Internet-based – 80 or higher

Computer-based – 213 or higher

Paper-based – 550 or higher

Stockton's TOEFL Institution Code: 2889

[International English Language Testing Systems](#) (IELTS) score minimums:

Overall band score or 6.5 or higher

3. [International Student Financial Statement](#)

This is a bank statement proving the ability to pay for the required educational services. The official bank statement (or letter on official letterhead) must be:

- in the sponsor's name (or the student's),
- must be in English
- must show exact US dollar amounts (NOT statements such as *"The sponsor has sufficient funds"*)
- must be less than 3 months old

Acceptable are letters from employers verifying annual income in US dollars, and copies of income tax forms.

NOT ACCEPTABLE ARE: proof of property ownership, income from investments

Additional Important Information Regarding Documents

Documents not in English must be accompanied by a verified professional translation. Since we cannot guarantee the return of any documents submitted in support of your application, we suggest that you supply copies of any document that is irreplaceable.

Deadlines

Deadlines for submitting application and official documentation:

Fall Admission

May 15th

Spring Admission

November 15th

Immunization and Health Insurance Requirements

Immunization Requirements

All students are required to provide proof of **IMMUNIZATION and HEALTH INSURANCE** coverage prior to enrolling in a Stockton program, as indicated below:

All students born after January 1, 1957 must present proof of:

- Measles - 2 doses (at least 30 days apart) or provide proof of immunity.
- Mumps - 1 dose or provide proof of immunity.
- Rubella - 1 dose or provide proof of immunity.

Measles/Mumps/Rubella vaccines must be administered on or after 1st birthday.

We cannot accept any vaccines prior to 1st birthday.

If vaccinated before 1968, you must produce proof of immunity or be revaccinated.

- Hepatitis B - 3 dose series or (Adolescent 2 dose series for ages 11-15) accepted.

Students Residing on Campus need a MENINGITIS Vaccine in addition to the above requirements.

Insurance Requirements

Program participants and their dependents are required to have medical insurance coverage with the following minimum benefits [22 CFR 62.14].

- Medical benefits of at least \$100,000 per accident or illness
- Repatriation of remains in the amount of \$25,000
- Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000
- A deductible not to exceed \$500 per accident or illness.
- A policy must be underwritten by an insurance carrier with:
 - an AM Best rating of "A-" or above
 - an Insurance Solvency International, Ltd (ISI) rating of "A-I" or above
 - a Standard and Poor's Claims Paying Ability rating of "A-" or above
 - or a Weiss Research, Inc. rating of "B+" or above

J-1 visitors and their dependents must have insurance in effect during the period of time they are participating in Stockton's program.

Health Insurance Providers List

101 Vera King Farris Drive | Galloway NJ 08205-9441
stockton.edu**Application for Form DS-2019**

(Continued)

Emergency Contact #1: _____
Name (*Last, First*) INTL. Phone #**Address:** _____
(*Number and Street*)_____
*City State/Province Postal code Country***E-mail:** _____ **Relationship:** _____**Emergency Contact #2:** _____
Name (*Last, First*) INTL. Phone #**Address:** _____
(*Number and Street*)_____
*City State/Province Postal code Country***E-mail:** _____ **Relationship:** _____

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SECTION II

PROGRAM INFORMATION:

Academic Level: Freshman Sophomore Junior Senior
 Intern Clinical Experience

Field of Study (Program Name): _____
Major *Minor*

Program Start Date: _____ **Program End Date:** _____

List Course Selection for Semester of Entry Based on Full-Time Enrollment:
Minimum of 12 Credits (3 courses)

Preferred Selection:

1. _____
2. _____
3. _____
4. _____
5. _____

Alternate Selection:

1. _____
2. _____
3. _____
4. _____
5. _____

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SECTION III

FORM DS-2019 RECIPIENT ADDRESS

Form DS-2019 will be sent via standard mail to the address you indicate below.
Print your name and address in English, clearly and exactly as it should appear on the envelope.

Name: _____

Address: _____
(Number and Street)

<i>City</i>	<i>State/Province</i>	<i>Postal code</i>	<i>Country</i>
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MAILING INSTRUCTIONS:

Please mail completed forms to:
Stockton University
Attn: Office of Global Engagement
101 Vera King Farris Drive
Galloway, NJ 08205

SIGNATURES and APPROVALS

Student Signature _____
Date

Admissions Officer _____
Date

Office Use Only: Z _____ Program _____